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DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE



STATE OF WASHINGTON APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM

NOTE: THIS FORM IS ONLY TO BE USED FOR THE
ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.)

- ☐ Lease
☐ Purchase
☐ Donation
☒ Other

Explain: Transfer to instream flows for water banking purposes

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____
END DATE ____/____/____

FOR OFFICE USE ONLY

FILE No. CS4-01467@125b3c WRIA 39
DATE ACCEPTED 05/05/2011 BY [Signature]
FEE \$ 150.00 REC'D 4/29/11
CHECK No. 2125 WRJ
SEPA: ☐ Exempt ☐ Not exempt

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)

1. Applicant Information:

APPLICANT/BUSINESS NAME Wilbur H. Mundy & Mary Ann Mundy	PHONE NO. (206) 325-6628	FAX NO. ()
ADDRESS 2500 Canterbury Lane E., # 301		
CITY Seattle	STATE WA	ZIP CODE 98112
CONTACT NAME (IF DIFFERENT FROM ABOVE) Joe Mentor, Mentor Law Group PLLC	PHONE NO. (206) 838-7650	FAX NO. (206)838-7655
ADDRESS 315 Fifth Ave S., Ste 1000		
CITY Seattle	STATE WA	ZIP CODE 98104

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER Court Claim NO. 01467	RECORDED NAME(S) Wilbur H. and Mary Ann Mundy
DO YOU OWN THE RIGHT? * YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? X YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? X YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

<p>Court Claim 01467 503 Temporary 06-30-1883 = C Mundy</p>	<p>FOR OFFICE USE ONLY</p> <p>WATER RIGHT NO. _____ FILE (contract) NO. _____</p> <p><u>CS4-01467@125b3c</u></p>
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3. How is Water to be Made Available for Trust?

<input type="checkbox"/> Alteration in method of diversion	<input checked="" type="checkbox"/> Alteration in water use/ irrigated acreage
<input type="checkbox"/> Alteration in method of delivery/conveyance	<input checked="" type="checkbox"/> Nonuse of one or more points of diversion
<input type="checkbox"/> Alteration in method of water application	<input type="checkbox"/> Nonuse of all or a portion of the named water right
<input type="checkbox"/> Alteration in type of crop	<input type="checkbox"/> Other, Explain below:
Name of funding source(s):	

WATER RIGHT DESCRIPTION *

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
<u>Teanaway River</u>		<u>NW</u>	<u>NE</u>	<u>25</u>	<u>20</u>	<u>16</u>		
<u>Teanaway River</u>		<u>NE</u>	<u>NE</u>	<u>34</u>	<u>20</u>	<u>16</u>		

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

5. Purpose of Use:

A. Existing Use of the Water Right

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<u>Irrigation and stockwatering</u>	<u>0.9</u>	<u>292.5</u>	<u>May 1 to Sept 1 for irrigation; continuously for stock watering</u>
<u>Stockwater</u>	<u>1.0</u>	<u>5</u>	<u>September 16 through April 30</u>

B. Proposed Purpose of the Trust Water Right:

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
Instream Flows	297.5

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
<u>That portion of the SE1/4SE1/4 of Section 28 and the NE1/4NE1/4 of Section 33, Twp. 20 N., R. 16 EWM, lying southwesterly of the Masterson Ditch</u>							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		<u>33</u>	<u>20</u>	<u>16</u>	<u>Kittitas</u>		

* If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED

Instream flows for water banking purposes.

7. Remarks and Other Relevant Information:

Mundy proposes to transfer his water rights into trust for water banking purposes under the terms included in the attached proposed Trust Water Right Agreement. Specifically, Mundy proposes to use a portion of the water as mitigation for irrigation and 3 acre-feet during the winter for stockwater on his property through a groundwater well; transfer the conveyance water to Washington Water Trust and sell mitigation water to third parties.

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

8. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Mary Ann Mundy
Wilbur H. Mundy

(Applicant)

4/25/2011
(Date)

Mary Ann Mundy
Wilbur H. Mundy

(Water Right Holder)

4/25/2011
(Date)

(Land Owner(s) of Existing Place of Use)

(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE

☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____

EC

Into
gram

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